Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name
LIBERTY MUTUAL FIRE INSURANCE

Carrier's Austin Representative Box
Box Number 01

MFDR Tracking Number
M4-10-3621-01

MFDR Date Received
APRIL 14, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary as Stated on the Table of Disputed Services: "Approved Surgery. Initial Doctor Visit; Breast prosthesis."

Amount in Dispute: $3,956.99

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The claimant is requesting reimbursement for charges related to the replacement of her right breast implant. Only the left breast was affected by the injury and only the left breast was accepted as compensable."

Response Submitted by: Liberty Mutual, 2875 Browns Bridge Road, Gainesville, GA 30504

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 22, 2008 May 6, 2009 July 11, 2009	Out-of-Pocket Expenses	$3,956.99	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §133.270 sets out the procedures for injured employee reimbursement for out-of-pocket expenses for health care.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Neither party submitted EOBs

Findings

1. On April 14, 2010 the Division received a disputed filed by Attorney Philip J. Orth III requesting reimbursement for out-of-pocket expenses for his client who is an injured worker in the Texas Department of Insurance-Division of Workers' Compensation System. On September 8, 2010 the injured worker submitted a copy of a letter sent by certified mail to Mr. Orth terminating the services as the representing attorney. Therefore, this decision will be sent to the injured worker and insurance carrier only.
2. The insurance carrier submitted a payment screen showing payment with check number 95177464 has been made to the injured worker in the amount of $3,971.27. Therefore, no additional reimbursement is due.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	January 11, 2010 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.